

**SUPPLEMENTAL BUSINESS REGISTRATION APPLICATION  
FOR MASSAGE THERAPIST LICENSE**

SUBJECT:            Message therapist, health spas, or other related businesses  
                         which have sexual connotations or is directed toward "adult entertainment."

1    **Applicant Name:** \_\_\_\_\_  
2    **Home Address:** \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
3    **Business Name:** \_\_\_\_\_  
4    **Business Address:** \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
5    **Business Telephone:** (        ) \_\_\_\_\_  
6    **Owner's Name** \_\_\_\_\_  
7    **Owner's Hm Address:** \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
8    **Home Telephone:** (        ) \_\_\_\_\_  
9    **Social Security #:** \_\_\_\_\_ State Where Issued: \_\_\_\_\_ D/O/B: \_\_\_\_\_

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10   **Are you the owner of this business ?**        Yes \_\_\_\_\_ No \_\_\_\_\_  
11   **Are you an employee of this business ?**    Yes \_\_\_\_\_ No \_\_\_\_\_  
12   **Are you self-employed (independent contr:** Yes \_\_\_\_\_ No \_\_\_\_\_

13   **Fully describe and provide details of your planned business activity:**

<u>Service</u>	<u>Description</u>
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a	_____
b	_____
c	_____
d	_____
e	_____
f	_____
g	_____

14   **List all of your residences for the past five (5) years:**                      From: (mo/yr)                      To: (mo/yr)

a	_____
b	_____
c	_____
d	_____
e	_____

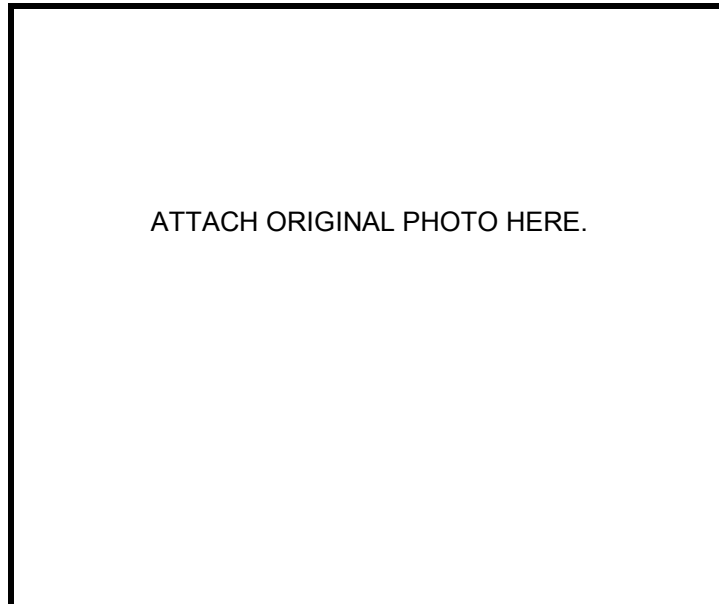
15   **List all of your employment during the past five (5) years:**                      From: (mo/yr)                      To: (mo/yr)

a	_____
b	_____
c	_____
d	_____
e	_____

Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

**Attach an original photograph (Front View) taken within the past year (copies are not acceptable)**



The owner of the business must have and continuously maintain a current and valid business license, also known as a business permit. Your request for a business permit to work at this business location cannot be approved without proof of the owner's business license/permit

The applicant has my permission to work at the business location above as:

Employee Yes \_\_\_\_\_ No \_\_\_\_\_

Self Employed ( Independent Contractor) Yes \_\_\_\_\_ No \_\_\_\_\_

I agree to notify DeKalb County when the applicant no longer works at this location.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** Before signing this statement, check all explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

I, \_\_\_\_\_, the licensee, do solemnly swear, subject to the penalties of false swearing, that the answers and statement made by me as the applicant on this application are true and correct and that no false or fraudulent statements or answer is made to procure the granting of a business license/permit.

\_\_\_\_\_  
Signature of Applicant/Licensee

\_\_\_\_\_  
Date

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires on: \_\_\_\_\_

Stamp Notary Seal in this Area